

**Professional Licensing Agency**  
402 West Washington Street  
Room W072  
Indianapolis, Indiana 46204



**Michael R. Pence**  
*Governor of Indiana*  
**Nicholas W. Rhoad**  
*IPLA Executive Director*

## Pharmacist Renewal

Your pharmacist license in the state of Indiana expires on June 30, 2014. You may renew your license online at [www.pla.in.gov](http://www.pla.in.gov). To renew by mail, please complete this document in its entirety and submit it with the renewal fee of \$160.00 to the office address shown in the above right corner. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this document is postmarked after June 30, 2014 you must include a \$50 late fee. Allow at least 4 weeks for the processing of this paper document. If you answer 'Yes' to any question below send a detailed statement regarding the response with your renewal form.

<b>LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address</b>				
Licensee Name		License Number	Expiration Date	Renewal Fee \$160.00
Street Address				
City		State	Zip Code	
Phone Number		Email Address		
<b>QUESTIONS</b>				
1. Since you last renewed, has any health profession license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending in any state?				YES NO
2. Since you last renewed, have you been denied a license, certificate, or permit in any state?				YES NO
3. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state?				YES NO
4. Since you last renewed, has a patient brought a civil action against your for a breach of your professional duties?				YES NO
5. Since you last renewed, have you been denied the privilege to dispense and/or fill prescriptions for a third party payer or government run healthcare plan/program; or have you been denied the rights to handle or fill prescriptions for certain types or classes of drugs?				YES NO
6. Since you last renewed, have you been treated for or received a diagnosis for alcohol or substance abuse or addiction?				YES NO
7. Do you want to put your license in inactive status? If you answer 'Yes' the CE requirements are waived.				YES NO
<b>LICENSEE AFFIRMATION</b>				
I hereby swear or affirm under the penalties of perjury that I understand and have met the continuing education requirements for renewal, understand the Board of Pharmacy statutes and rules and have answered the questions true to the best of my knowledge.				
Signature of Licensee			Date (month, day, year)	

Visit us on the web at [www.pla.in.gov](http://www.pla.in.gov). If you have any questions for the Indiana Board of Pharmacy please email [pla4@pla.in.gov](mailto:pla4@pla.in.gov) or call 317-234-2067.

<b>FOR OFFICE USE ONLY</b>		
Renewal Fee	Receipt No.	Date